

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012707

FILED
Apr 29, 2007
Secretary of State

Entity Name: MINISTERIO CRISTO LA ROCA VIVA INC.

Current Principal Place of Business:

207 TRUMAN AVE
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

207 TRUMAN AVE
LEHIGH ACRES, FL 33972

New Mailing Address:

FEI Number: 04-3810973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSSA, CRISTINA
416 CANDLEWICK CIRCLE S
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, COSME
Address: 207 TRUMAN AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VP () Delete
Name: RODRIGUEZ, MARIA E
Address: 207 TRUMAN AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: T () Delete
Name: OSSA, SABRINA
Address: 1104 THOMPSON AVE
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COSME RODRIGUEZ

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date